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APPLICANTS

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** CONTINUING DATA **** *N/A*

** FOREIGN APPLICATIONS **** *Y/K*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Device to prevent cartridge incorrect insertion, a cartridge auto-changer, and a cartridge automatic control device with an auto-changer

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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